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ABSTRACT

This paper focuses on a revised Professional Development School (PDS) program and what participant groups perceived to be key issues during the first year of implementation. It addresses the role of PDSs in improving the quality of beginning teachers within a non-supportive state policy environment. The George Mason University Elementary program revised its PDS program in response to changes in state licensure requirements and research from the previous PDS program. The redesign process included extensive participation from the local school districts and education associations. During the first year of implementation, focus groups were conducted with participant groups in order to ascertain what in the new design was working well and what could be improved. Participant groups included university facilitators, principals, site facilitators, interns, and clinical faculty. The focus group tapes were analyzed for strengths, areas for improvement, and design and implementation issues. The results were fed back to each group and used to discuss program improvements. This paper includes a description of the PDS design and its relation to the state policy context, then centers on the emergent issues, the strengths and weaknesses embedded within those issues, and how feedback loops were closed. Implications for the design and implementation of PDSs are included. (SM)

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Issues Emerging from First-Year PDS Implementation

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Paper presented at the Holmes Partnership Annual Conference

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Abstract

The session focuses on a revised Professional Development School program and what participant groups perceived to be key issues during the first year of implementation. It addresses the role of PDSs in improving the quality of beginning teachers within a non-supportive state policy environment.

The George Mason University (GMU) Elementary program revised its PDS program in response to changes in state licensure requirements and research from the previous PDS program. The redesign process included extensive participation from the local school districts and education associations.

During the first year of implementation, focus groups were conducted with participant groups in order to ascertain what in the new design was working well and what could be improved. Participant groups included University Facilitators, Principals and Site Facilitators, Interns, and Clinical Faculty. The focus group tapes were analyzed for strengths, areas for improvement, and design and implementation issues. The results were fed back to each group and used to discuss program improvements.

The presentation includes a description of the PDS design and its relation to the state policy context, then centers on the emergent issues, the strengths and weaknesses embedded within those issues, and how feedback loops were closed. Implications for the design and implementation of PDSs are included.

Background

Professional development schools were conceptualized in the early 90's as a means to reform public school education and schools, colleges and departments of education in higher education. It was hypothesized that, if long-term commitments were established between a school site and a faculty within a college or graduate school of education, systematic and continuous change would occur at both institutions. It was believed that these commitments would influence the professional development of both faculties, the delivery of relevant coursework to future teachers, the governance of both institutions, the notions of research in teacher education and, perhaps most importantly, the preparation programs of future teachers. At the time of conceptualization, the definition of a professional development school was liberally defined to include almost any informal or formal linkage between public schools and higher education. In more recent times, the elements of a professional development school have taken on more formal terminology, standards and means of accreditation (NCATE, 2001).

The Elementary Program in the Graduate School of Education (GSE) at George Mason University (GMU), a major regional research institution serving Northern Virginia, began developing Professional Development Schools (PDS) in 1994 (Castle, Leahy, Auton & Reinshuttle, 2001). This work occurred in connection with the NEA Teacher Education Initiative (TEI), a group of seven universities focusing on the development and evaluation of PDS partnerships. In 1997, major changes in Virginia state regulations for elementary licensure required a redesign of the elementary program. The data collected during TEI were used to inform the redesign, prompting dramatic changes in courses, clinical experiences, and the PDS model. The program was redesigned in collaboration with the local school districts and was designed to address INTASC and NCATE standards. The original TEI steering committee became the research group for the new program.

The redesigned elementary PDS program began in January of 2000. This paper

addresses the issues that arose during the first year of its implementation.

Program Description

Purpose and governance. The purpose of the GMU PDS program is taken from the NCATE PDS standards (NCATE, 2002) and emphasizes joint responsibility between schools and universities for teacher education, professional development, student learning, and inquiry. The program is overseen by a new governance structure. An Advisory Council composed of school, district, education association, preservice teacher, and university representatives considers PDS policy and research. Each PDS has a school-based Leadership Team composed of a principal, site facilitator, university facilitator and others as relevant to each school. Each school has a university facilitator assigned to it for the equivalent of 1 course (or 1 day a week), and each school identifies a teacher to serve as their site-based facilitator.

PDSs. Although GMU had had a network of 14 PDSs, 6 new PDSs were carefully selected for their diversity, technology integration, collaborative culture, and coherence with the elementary program. Two of the schools have more than 50% of their student body on free and reduced lunches; the remaining schools range from 16% to 37%. In three of the schools, over 75% of the student body is non-White; the remaining schools have between 34% and 48% minority students. The schools are located in three different school districts.

Internships. The new program involves cohorts of full-time students in a semester of coursework and observation followed by a year-long PDS internship with concurrent content-area courses (see attached program outline). Five or six students are clustered in each PDS. They receive a stipend from the school district in return for scaffolded substituting within their PDS.

Policy Context

As one of two states to refuse Goals 2000 money for school improvement, Virginia has played a limited role in supporting teacher education reform and PDSs. This

limited role has focused on providing funds for mentor teachers and mentor teacher training. In the past 10 years, beginning teach mentoring and support has been conducted primarily by individual school districts, although the state has recently begun to support these programs. Current policy regarding teacher training in Virginia is geared toward alternative certification licensure through school districts and the Virginia Department of Education. There are no current state-wide efforts to encourage collaborations between schools and universities to address the reform of teacher education and the development of PDSs. Rather, the primary state-level school improvement initiative is the Virginia Standards of Learning at each grade level and high-stakes, multiple-choice testing of that content knowledge.

Method

This paper is based on data collected from four participant groups during the first year of the new PDS program. The purpose of the data collection was formative, enabling the elementary faculty and the Advisory Council to make improvements to the new program based on participant feedback.

The four groups and data collection methods included:

1) Intern Focus Groups. A focus group was conducted in each PDS by the university facilitator. The interns were asked to describe the strengths and weaknesses of the program and to make suggestions for improvement. The university facilitator took notes, which were then grouped into common themes and summarized across PDSs by another faculty member.
2) University Facilitator Focus Groups. A focus group was conducted and audio taped at the university by an external consultant. The two university facilitators who not present were interviewed by phone or e-mail. The university facilitators were asked to describe aspects of the program that increased their effectiveness as PDS facilitators and those aspects that decreased their effectiveness. The tapes and interviews were analyzed by the consultant and grouped into common

themes.

3) Principal and Site Facilitator Curriculum Alignment Interviews. Curriculum alignment between the school and university is central to the GMU PDS model. In each PDS, the principal and site facilitator were interviewed by the Director of Field Experiences and Elementary Program Coordinator about the extent to which university coursework and the school curriculum were in alignment and what improvements could be made. These were grouped by common themes and summarized across schools by the Coordinator. In addition, the principals met to generate PDS research questions, questions about the program that they would like to be able to answer at the end of five years.
4) Clinical Faculty Training Survey. Clinical faculty take a 3-credit masters-level course before undertaking supervision of the PDS interns. A survey of the course and its impact on their practice in the school was completed at the end of the course. The surveys were analyzed by an external consultant and descriptive summary results were provided.

The summary results from each participant group were analyzed independently by the authors for implementation issues. These were then triangulated and grouped into categories. The improvements made to address the issues were then delineated.

Results and Discussion

The data collected in the first year of program implementation has resulted in notable strengths in the program, areas in need of continued development and some apparent weakness to be addressed by the Advisory Board during the upcoming year.

Strengths

Three areas emerged as strengths during the first year of implementation: Consistency, Commitment, and Collaboration.

Consistency. Notable in the evidence was the theme of Consistency between the curriculum of the public schools and the curriculum/coursework of the elementary

program. Stakeholders noted the curriculum alignment process enhanced the consistency of expectations for interns and clinical faculty. The process involves principals and clinical faculty in reviewing the university syllabi for congruence in areas of content knowledge, pedagogy and assessment. The information gathered is shared anonymously with the university faculty. This provides an opportunity for clarification (e.g., why we do not teach to just one school curriculum) and change (assignments changed to fit the school curriculum). The shared nature of the work enables a consistent message to the interns as they proceed through the program. Furthermore, it has provided one of several avenues for developing shared philosophy and ownership between the school-based and university-based faculty.

Commitment. A second theme that emerged was Commitment. All stakeholders agreed that they had discerned a significant commitment on the part of the school and university faculties to working in a Professional Development School setting. The schools were characterized as: welcoming to university faculty and interns alike; willing to share ideas and expertise; collaborative; and willing to examine the philosophy of Professional Development Schools as an integral part of their school plan. The PDS university faculty was described as committed to developing a learning community that is respectful, questioning, adaptable, flexible and collaborative.

Collaboration. The third strength identified by the participants was Collaboration. Most particularly, they pointed to the design for teacher preparation that includes a full-year paid internship in a Professional Development School. They noted that the year-long experience gives interns an opportunity for in-depth observation, protected substitute teaching, independent teaching and open substitute teaching across the grade levels and was considered a notable strength of the PDS program. Additional program elements were identified such as blending theory and practice (e.g., taking coursework during the internship) and promoting higher levels of reflection (e.g., using INTASC standards for assessment). The high quality of the interns was identified as a strength as

was the high quality of the professors who worked in the PDS settings. The comments related to accessibility, spending time with interns and clinical faculty, flexibility that encouraged collaboration, high knowledge levels, and ability to model good teaching practice. Finally, the PDS collaboration provided clinical faculty with opportunities for continued professional development, consideration of advanced degree work, and interest in contributing to the professional literature in their area of interest (e.g., storytelling). Clinical faculty noted that the collaboration was an opportunity for refreshing their knowledge and renewal of their commitment to the teaching profession.

Weaknesses

The major weaknesses identified during the first year of implementation were not unexpected. These included: Communication, Clarification and Continuation.

Communication. The most often identified weakness in the participant feedback was lack of consistent and timely communication between and among all stakeholders. This may not be too surprising since the PDS program began in three counties and six buildings, and each building had five interns, one site facilitator, one university facilitator, one or more principals, and five clinical faculty (which became 10 in the spring). The comments reflected inconsistencies in: implementation across schools; expectations for interns and clinical faculty; policy interpretations at both the university and the schools; and teaching philosophies (e.g., traditional vs. constructivist). This is not unusual. Rice (2002) identified miscommunication as a major theme in her meta-analysis of Professional Development School research studies. She noted a need for "improved communication in all stages of the development of the PDS and with all participants" (p. 61).

Clarification. Also identified in the data was the need for continual Clarification. During the process of implementation new people were added to the original design team including new university faculty, newly admitted interns, new clinical faculty and new site facilitators, so that not everyone had the same level of background knowledge.

Interns noted the need for further clarification at admission on program requirements, expectations, school-based assignments and coursework requirements. University faculty noted the need to discuss and understand the program philosophy, expectations for interns and clinical faculty, university expectations for faculty, and the research agenda for PDS. Clinical faculty asked for more information on their roles and responsibilities and INTASC standards and for further training on observational evaluation and portfolio assessment.

Clarification was closely linked to Communication. The participants had very specific needs for clarification related to their roles and responsibilities as they began to implement them for the first time. For example, university faculty understand their responsibility to conduct research for promotion and tenure, so they asked, "how does that happen here, in this PDS"? The new interns noted frustration with changes in assignments, syllabi, and general expectations in the "still developing" program. Similarly, the new clinical faculty wrestled with previously "known" expectations from past experiences with the program and the new version of PDS that they agreed to develop. Although the program had been carefully designed, issues arose that had not been previously discussed, resulting in inconsistent answers. At the same time, because participants knew that a new program was being implemented, they felt free to ask for clarifications on a broad range of issues. While the university faculty encouraged (and got) flexibility and problem solving, the inconsistencies and insufficient communication also resulted in some confusion and frustration.

Continuation. The third weakness to emerge related to continuation. Although embedded in the discussions of communication and clarification, the question of whether or not the PDSs would continue struck at the foundation of the initiative. Others have identified the major impediments to continuation (Darling-Hammond, 1994; Rice, 2002), but it was interesting to note this question in the minds of some participants, particularly university faculty, in relation to a newly-redesigned program. Questions from the

university faculty were specific to the commitment of the administration of the Graduate School to continue for the envisioned five years. Issues related to faculty load, tenure, and need for continual expansion of program strands (e.g., master's and Ph.D.) were identified by the university faculty. Indeed, Rice (2002) identified intraorganizational strain as a possible barrier to successful development of PDS relationships.

Areas of Development

Clinical faculty training. Areas of development were noted as having a direction, but needing support beyond just formative adjustments. The primary area in need of development was noted as the course for Clinical Faculty Training. School-based faculties are offered a course through GMU to prepare them to participate in the PDS setting including supervision of interns. Although the course had been redesigned, clinical faculty in this study specifically requested that the course be redesigned again to include: further guidance on conducting observations; greater knowledge and application of INTASC standards; use and application of performance assessments; informal sharing with clinical faculty at different sites; questioning to prompt reflection; and a stronger relationship to the PDS philosophy. The course is currently being redesigned again with input from current clinical faculty, previous instructors and the Advisory Council.

Decision making. It has become apparent that as we consider the relationship between the PDS and the university , and the role of each in collaborative decision making, we also need to more carefully consider the roles and responsibilities of the partners in collaborative decision making. It is not yet clear what decisions should be made at the school which at the university, which require joint decision making, and the role of the Advisory Council, the Research Group, and the Leadership Team in this process. For example, our current governance structure allows the school principal, with input from the university facilitator, to make the final decisions on placement of the interns. Perhaps the "fit" between intern and clinical faculty needs to be based on broader, more systematic input.

To put the GMU results in perspective, it is helpful to compare our findings with Rice's (2002) meta-analysis of PDS research issues. She lists 12 themes, some of which are evident in our data and some of which are not.

- The Unwillingness to Collaborate. No. Collaboration is one of our strengths.
- Prior Relationships and Attitudes Affect the PDS. Yes. We have strong historical relationships with most of the stakeholders that have benefited us in terms of commitment and optimism.
- Difficulty Sustaining Funding. No/Yes. GMU has provided and is committed to continuing funding. However, we have had difficulty obtaining sufficient money for research.
- Lack of Formalization. No. We have "contracts" and "contacts" with each school and district.
- Issues of Parity and Control. Yes. These are still emerging and being discussed as evidenced in the decision making area of development.
- The Importance of the Principal. Not evident.
- Miscommunication. Yes. This is clearly a critical issue for us.
- Intraorganizational Strain. Some. This is most evidence in the university faculty's responses.
- Conflicting Goals between Organizations. Some, but relatively minor overall. This is seen to some extent in substitute teaching issues, curriculum alignment issues, and conflicting responses from different groups to the same survey/focus group question. Overall, participants feel that differences in school and university culture are being negotiated.
- Initial Distrust and Skepticism. No. Only one respondent mentioned this, and it was an example of conflicting organizational goals.
- The Importance of Key Individuals. Not evident in our data. The commitment and collaboration within each participant group may speak to the importance of

MANY key individuals.

- The Importance of Informal Meetings. Some. Interns mentioned this as a strength and clinical faculty requested more.

Improvements and Future Directions

As in any new program or new implementation, the dimensions of our PDS effort are still developing. Fortunately, we have direction from earlier initiatives that allows us to make use of "best practices" and, perhaps, eliminate some of the perceived barriers to successful implementation. We also have the benefit of the first year experience that allows the participants to anticipate issues and questions more readily. That experience may provide participants with a sense of control and involvement that was absent during the induction year.

As we look at the strengths, weaknesses, and areas of development, we are focused on maintaining those perceived strengths, correcting the weaknesses and fortifying the areas that need development. In part, the purpose of our research is to allow the Advisory Council to consider the emergent questions related to each of these areas.

During the course of our second year, a number of modifications to the current PDS model that impact the elements of clarification and communication as well as consistency and commitment have been developed. The PDS manual provides guidelines for clinical faculty, interns, site facilitators and university facilitators. After the first year, this document was revised to increase its clarity and usefulness. One example of a modification is the addition of an appendix outlining all of the forms, who is responsible for completing them, when they are due, and where they are located in the manual. This manual is now available online. The addition of a code at the top of each form allows users to download the information and use it without consulting the hardcopy of the handbook. PDS calendars individualized for each county were also revised and posted online. The addition of one personal day per semester for interns (on a Tuesday when

public schools are in session but the university is not) increases consistency in the schedule.

Communication and clarification were addressed with the addition of a course syllabus developed for the internship and the adoption of a common textbook across methods courses. A newly developed program orientation preceding the interns' first class provides an opportunity to increase communication and clarification as university professors/facilitators outline program expectations. A byproduct of these attempts to boost communication and clarification is the resulting consistency borne of the common message.

The Advisory Council as well as the site facilitators group meets monthly every other month with the university coordinator of field experiences and elementary program coordinator. These meetings address governance issues as well as provide a forum for communication and clarification. Further, all PDS interns are linked via listserv to the university facilitators/instructors as well as the elementary coordinator. Ongoing faculty discussions at program area meetings, workshops, subcommittee meetings and retreats are resulting in greater shared understandings. The joint sub-committees for research, portfolios and performance-based assessment meet regularly to provide guidance on future PDS directions. For example, as a direct result of this work the portfolio requirement was revised and the INTASC standards are aligned with the portfolio as well as the program goals.

Another area of concern was continuation. In an effort to solidify the commitment of GMU to the PDS effort, a joint meeting of administration and elementary faculty was convened. The faculty met with senior administration to clarify the GSE intentions toward the PDS effort, to develop joint understandings of the relationship between PDS work and promotion/tenure requirements, and to establish a long-term commitment to the effort. The current understanding establishes a one-course release each semester for PDS work for each of the university faculty and a five-year

commitment to each PDS site. A deeper understanding of the nature of PDS work for university faculty has been established through this dialogue. As noted earlier, the clinical faculty course is in the process of revisions that will not only include adjustments to the content, but also team clinical faculty and university facilitators as instructors for the course. In addition, we have instituted an ongoing conversation regarding the PDS research agenda. The NEA PDS Research Project (the follow-up to TEI) has funded a small piece of research on PDS effectiveness and has supported some of the performance assessment work. A new grant, funded by the National Council on School Improvement, will enable the PDS faculties to co-construct a research agenda for our work in 2002 and 2003. The role of the NCATE PDS Self-Study process in the research agenda is also being considered.

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